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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <b>EXT-055</b>		
Application Number	10/601,132-Conf. #4962	Filed <b>June 20, 2003</b>		
For <b>METHODS FOR DISEASE SCREENING</b>				
Art Unit	<b>1642</b>	Examiner <b>S. E. Aeder</b>		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> <b>\$120</b>	<u>Small Entity Fee</u> <b>\$60</b>	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	<b>\$460</b>	<b>\$230</b>	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	<b>\$1050</b>	<b>\$525</b>	<b>\$ 1,050.00</b>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	<b>\$1640</b>	<b>\$820</b>	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	<b>\$2230</b>	<b>\$1115</b>	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1700</u> .				
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>57,961</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
<u>/Charlene A. Stern-Dombal/</u>		February 22, 2008		
Signature		Date		
<u>Charlene A. Stern-Dombal</u>		(617) 570-8382		
Typed or printed name		Telephone Number		
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			